



F800-074-000 [05/2003]

# Crime Victims

## Third Party Action



**Please read the important information in this pamphlet. Then, you must complete and sign the form on page 3, and mail it to the Department of Labor and Industries.**

### *Questions? — Here are some answers*

#### **Why was I sent this form?**

Because you were injured as a result of a crime, and you filed a Crime Victims Compensation claim.

#### **What is a third party?**

Someone who may have caused or contributed to your injury. Examples include:

- The driver of a car that hit you.
- The person who hit you with their fists.
- The person who sexually assaulted you.
- The tavern that over-served the intoxicated driver who struck you.

#### **What is a third-party action?**

A legal action against the liable party. The intent of the action is to recover a dollar amount equal to the damages incurred as a result of the crime.

#### **Do I have to pursue a third-party action?**

No. However, the law does require you to make a choice. You must either pursue the action yourself, with or without an attorney (Option A), or assign the action to the Department of Labor and Industries' Crime Victims Compensation Program (Option B).

#### **What if I do nothing?**

You are required to complete this form. Failure to complete this form and return it to Labor and Industries within the required time may result in assignment of the third-party action to the department. Any further action is at the discretion of the department.

#### **What are my responsibilities if I decide to pursue the action myself (Option A)?**

First, you must notify Labor and Industries that you decided to pursue the action. The law also requires that you or your attorney notify the department when a lawsuit is filed and keep the department informed of the progress of the action. In fact, if the action is not diligently pursued, the department can petition the court to have it assigned to the department.

In addition, the law requires that you or your attorney obtain department approval of a settlement under certain circumstances. If a settlement is insufficient to cover the cost to reimburse the Crime Victims Compensation Program, we can deny approval or can declare void any settlement to which you have agreed.

Finally, the law requires that you or your attorney advise the department of the amount that has been recovered and the attorney fees and costs associated with the recovery, and repay the department for your Crime Victims Compensation benefits.

## **What are my responsibilities if I decide to assign the action to Labor and Industries (Option B)?**

Labor and Industries will decide whether to pursue the action. Your help may be necessary in making this decision. In addition, if an action is filed, your deposition testimony or in-court testimony may be required. This, of course, is true whether you assign the action to the department or pursue it yourself.

## **If I assign the action to Labor and Industries (Option B), what will the department do?**

When you assign the action to the department, you are freed from personal responsibility to pay the legal costs involved in such actions. However, you also give up your right to control the action. The department will decide whether to pursue the action.

## **How does the third-party action affect my Crime Victims Compensation claim?**

You are entitled to receive your Crime Victims Compensation benefits until a recovery is made. However, once the recovery is made, you must reimburse Labor and Industries from your settlement. Depending on the amount recovered, your benefits may stop for a period of time.

## **How does the third-party action benefit me?**

You may receive money from a third-party action pursued under RCW 7.68.050. You may recover money for all of your losses related to the crime, which may exceed the benefits payable on your claim. The law specifies how a recovery is to be distributed among you, your attorney (if any), and Labor and Industries on behalf of the Crime Victims Compensation funds.

The department may also seek recovery of costs by other methods in addition to options A or B. If the offender is convicted, we may request the court to order restitution, payable to the department for our costs.

We may also pursue a recovery directly from the offender for an amount equal to our costs. If money is received by either of these last two methods, you will not receive a portion of the money recovered. However, any money received by the department from the offender will reduce your responsibility to reimburse the department from other recoveries you may make.

## **What do I do now?**

After reviewing this material, please make your decision, sign the form, and mail it to Labor and Industries.

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## **Please note:**

*Labor and Industries believes that all the information in this pamphlet is correct.*

*However, this pamphlet is intended only as a general guide. It is not intended to address specific cases or every possible situation, nor is it intended to be an interpretation of the law.*

*Moreover, the law regarding third-party recoveries can change and can be complex.*

*You are free to consult with an attorney or call the department for more information.*

## **L&I service centers**

Labor and Industries operates local offices to serve your needs. They are listed under **Washington, State of** in the white pages or government listings of your telephone book.

If you have questions, please call the office nearest you, or dial toll-free: 1-800-762-3716 (TDD 360-902-4974)

*This document is available in other formats to accommodate persons with disabilities. For assistance, call 1-800-762-3716. (TDD users, please call 360-902-4974.) Labor and Industries is an Equal Opportunity Employer.*

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# Crime Victims Compensation Program

— *Helping victims recover from the effects of violent crime*

Department of Labor and Industries  
Crime Victims Compensation Program  
PO Box 44520  
Olympia, WA 98504-4520

The Crime Victims Compensation Program provides benefits when there are no other sources available to the victim. However, the person who committed the crime should be held responsible for the damages caused by his or her actions.

The law requires the Department of Labor and Industries be advised of all recoveries or benefits victims receive from third parties or insurance coverage.

You will be required to reimburse the department for the benefits paid on your claim when you receive money from other sources.

When money is paid back to the Crime Victims Compensation funds, it allows the department to continue to provide benefits to victims of crime.

If you have questions, write us at the address shown at left or call 1-800-762-3716.

*Please be sure to include claim number on form.*

Victim's name		Claim number
Victim's mailing address		
City	State	ZIP

## THIRD PARTY ELECTION FORM

Name of person(s) responsible for the crime		Date of crime / /	
Responsible party's address		City	State ZIP
Witness to crime	Address	City	State ZIP Phone number

PLEASE SELECT AND COMPLETE ONE OPTION A OR OPTION B

### OPTION A. MY ATTORNEY OR I WILL PURSUE THIRD-PARTY ACTION

I wish to seek recovery from the third party myself. I understand that if any recovery is made, I must repay the Department of Labor and Industries' Crime Victims Compensation Program for my benefits. I also understand that I must notify the department if and when I file a lawsuit. Finally, I authorize the department to communicate with my attorney.

SIGNATURE <input checked="" type="checkbox"/>		Date: / /
Attorney's name	Attorney's address	
Attorney's phone number	City	State ZIP

### OPTION B. I ASSIGN THE ACTION TO THE DEPARTMENT

I wish to assign any cause of action that I may have against a third party to the Department of Labor and Industries' Crime Victims Compensation Program. I do not intend to pursue a third-party action on my own and no recovery has yet been made. I authorize the release of information from my claim file so that a third-party action may be pursued. I understand that this assignment does not pertain to loss of consortium (love, affection and companionship) claims of spouses, children or beneficiaries.

SIGNATURE <input checked="" type="checkbox"/>	Date: / /
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*Please complete entire form, tear at perforation, fold with address on outside, tape closed at center and mail.*